

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

Dept of Corporations-Acctng
1515 K Street, Suite 200
Sacramento, CA 95814

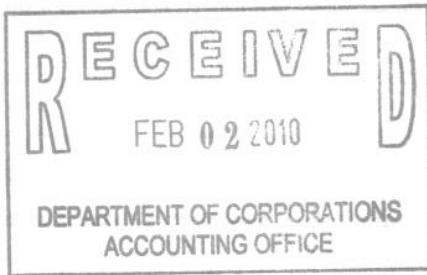


Employee Name	Dufauchard, Preston
Expense Dates	12/09/09-12/10/09
Total Expense Amount	413.41
Amount Due Employee	112.21
Form ID	TEA000584370

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

Date	Expense Item	Amount	If not submitted - Explain
1) 12/10	Parking, Auto	11.01	



2. *Forward Transmittal Sheet and attached documentation through your approval process.*

EXPENSE EXCEPTION(S)			
	Expense Rule	Exception	Response
1)	ER Department Policy #1	Receipt and travel itinerary required for this expense item.	

I have reviewed the following documents.

Approved by:

Michele Bond

Travel & Expense Account Summary

Employee Name Preston Dufauchard
Expense Dates 12/09/09-12/10/09
Report Name Dec Claim - Preston

Request Total \$ 413.41
Direct Charge Total - 301.20
Travel Advances - 0.00
Net Due Employee = 112.21

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Sacramento	101.20
Regular Travel	LA Trip	312.21

NOTE: (d) Direct Charge

DATE	Thu Dec 10									TOTAL
Commercial Air Fare (d)	301.20									301.20
Parking, Auto	11.01									11.01
TOTALS \$	312.21									312.21

DATE	Wed Dec 9									TOTAL
Mileage, Personal Auto	101.20									101.20
TOTALS \$	101.20									101.20

Travel & Expense Account Summary & Detail
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Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	Sacramento	12/09/09	Mileage, Personal Auto	101.20	Cash
Regular Travel	LA Trip	12/10/09	Commercial Air Fare	301.20	Direct Charge
Regular Travel	LA Trip	12/10/09	Parking, Auto	11.01	Cash